

Enrollment Form

NC 401(k) PLAN

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Please print using blue or black ink. Please keep a copy for your records and send completed form to the following address or fax it to 1-866-439-8602. If faxing, please keep original for your records. Please ensure the 'Your Authorization' section is included when you return the form.

NC 401(k) Processing Center PO Box 5340 Questions?
Call 1-866-NC401K1
for assistance

	Scran	ton, PA 18505			ior assistance.		
About	Plan n	umber	Who is your employer?		What Department do you work in?		
You	∟0 ⊥	$0 \perp 2 \perp 0 \perp 0 \perp 3 \perp$					
			(Please print entire employe	r name)	(Please print entire department name)		
	Have	you recently changed emplo	yers? □ Yes □ No				
	Previous Employer Name: Current Employer Name:						
	Are you a sworn Law Enforcement Officer? ☐ Yes ☐ No						
	Social	Security number	Daytime tele	ephone numbe	er		
	<u></u>		area code		⁻		
	First n	ame	MI Last name				
	Address						
	City State ZIP code						
	Date of birth Sex Original date employed						
	Chighial date employed						
_	month day year month day year						
Contribution	I wish to contribute the following from my salary per pay period:						
Information		☐ Before-Tax Contribution Election.					
		□ \$,	00 (please provid	e whole dollar	s only)		
		OR					
		□ ∟⊥⊥ % (please	fill in % from 1-80%, in whole	e percentages)		
		Roth 401(k) Contribution	Election.				
		□ \$,	00 (please provid	e whole dollars	s only)		
		OR			•		
		□ ∟⊥⊥⊥ % (please	fill in % from 1-80%, in whole	e percentages)		
	My ye provic contri	early salary is \$ ded is not in the correct form bution in accordance with w	My pay frequency is _ nat (dollar vs. percentage), Pr hat your payroll requires.	P udential will us	Please note that if the contribution amount se your salary information to calculate your		

Allocation	Part I GoalMaker with A	utomatic Aga Adiu	4 4			Fill out Part I, II or Part III. Please complete only one section.							
		utomatic Age Auju	stment:										
out Part I. II or Part III.	By completing this section, you enroll in GoalMaker ®, Prudential's asset allocation program, and you direct Prudential to invest your contribution(s) according to a GoalMaker model portfolio that is based on your risk tolerance and time horizon. You also direct Prudential to automatically rebalance your account according to the model portfolio chosen on a quarterly basis. Enrollment in GoalMaker can be canceled at anytime.												
Do not fill out more	Choose Your Risk Tolera	nce 🗆 Cons	servative	☐ Moderate	☐ Agg	ressive							
than one section.)	GoalMaker also automati retirement age. To ensure below. If an Expected Retire	cally adjusts your e that your allocatio rement Age is not pr	allocations ove ns are updated ovided, age 65	er time based on y I correctly please co will be used.	our current ag onfirm your exp	je and the e ected retirem	expected lent age						
	Expected Retirement Age:												
	Part II GoalMaker without Automatic Age Adjustment By completing this section, I confirm that I do not want to take advantage of GoalMaker's Age-Adjustment Feature. Please invest my contributions according to the model portfolios selected below.												
	Please refer to the Retirement Planning Guide for more information.												
	GoalMaker without Automatic Age Adjustment: Time Horizon (years until retirement) GoalMaker Model Portfolio (check one box only)												
	·	, (Conservative	Moderate		Aggressive							
	0 to 5 Years		☐ C01	☐ M01		☐ R01							
	6 to 10 Year 11 to 15 Yea		☐ C02 ☐ C03	☐ M02 ☐ M03		☐ R02 ☐ R03							
	16 Plus Year		C04	☐ M04		☐ R04							
	Allocated	st equal 100%.) butions to the Plan a Investment Options Prudential Stable Va Fidelity Intermediate Goldman Sachs Mia Van Kampen Equity Van Kampen Growth Vanguard Equity Ind Growth Fund of Ame Oppenheimer Main S EuroPacific Growth	as follows: alue Fund Bond Fund Cap Value A and Income a & Income ex Portfolio erica Street Small Ca Fund ecceived by Prue form is not re	p dential Retirement b	p efore Prudentia	al Retirement	receives						
Your	I direct my employer to mallows, I will have teleph Response service and Onl	nake payroll deducti	ons as I have	indicated. I understa	and that upon e	enrollment, if	my Plan						
completea in	I agree that Prudential Retirement, the Plan's trustees or the state of North Carolina will not be liable for any loss liability, cost or expense for implementing my instructions via the Internet or by telephone. I understand that Prudentia Retirement will execute on my instructions only when proper identification is simultaneously provided. This identification may consist of information that Prudential Retirement may reasonably deem necessary to establish my identity. I hereby give Prudential Retirement the right to tape record the telephone conversation of any telephone instructions received by Prudential Retirement.												
process your	Χ			Da	te								
enrollment.	Participant's signature												